

87 Nepperhan Ave
Room 212
Yonkers, NY 10701

CITY OF YONKERS
COIN-OPERATED MUSIC DEVICE
LICENSE APPLICATION

Phone: 914-377-6808
Fax: 914-377-6811
Website:
www.YonkersNY.gov

INSTRUCTIONS FOR USING THIS FORM

Please Note:

If the required supporting documents are not submitted with the application, it will result in the delay and/or denial of the application.

1. Application must be signed by the applicant before a Notary Public.
2. Applicant must provide a copy of a valid NYS Driver's License issued by the Motor Vehicle Department. If you do not have a NYS Driver's License, a copy of a Motor Vehicle issued NY State ID Card is required.
3. Application must be completely filled out by the owner of the device(s).
4. Owner Consent Form must be completed if the applicant is not the owner/lessee of the property.

LICENSING FEES AND EXPIRATION DATE

\$25.00/device License expires December 31st following date of issuance.

NAME OF OWNER/PARTNERS/MEMBERS OF CORPORATION

NAME (if Corporate Officer, please note title)	RESIDENTIAL ADDRESS	PHONE #

Philip A. Amicone, Mayor
Office of Municipal Code Violations Frank J. McGovern, Executive Director
Consumer Protection Bureau Kerry O'Brien, Director

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Juke Box

Pursuant to the provisions of the Code of the City of Yonkers, I the undersigned respectfully petition for the below-listed license in the City of Yonkers, and for that purpose, I hereby provide the following answers to the questions contained herein.

THIS PAGE IS TO COMPLETED BY OWNER OF DEVICE(S)

PERSONAL INFORMATION:

Name: _____ Social Security #: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell #: _____ E-mail: _____

Date of Birth: _____ Sex: _____ Height: _____ Hair Color: _____ Eye Color: _____

Are you a citizen of the United States?

If not, please provide a copy of your INS A Card and # _____

Have you ever been arrested or convicted of a crime?

If yes, explain: _____

BUSINESS INFORMATION:

Name of Company: _____

DBA/Trade or Display Name (If same name, enter N/A): _____

Address: _____ State: _____ Zip: _____

Telephone: _____ E-mail: _____

If incorporated, name of corporation: _____

State in which corporation organized: _____ Date of Corporation: _____

License #: _____ Date Issued: _____

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LOCATION INFORMATION:		
Name of business at which devices are to be placed:		
DBA or Trade name if applicable:		
Address:	Yonkers, NY	Zip:
Name of Owner:		
Home Address:		
City:	State:	Zip:
Phone Number:	Cell Phone Number:	
Type of Business:		
Is premises owned or leased by applicant?		
Please note, if applicant is not the owner of property, the attached Owner Consent form must be completed.		
Number of devices for which application is made:		
List below the name(s) and serial number(s) of devices (attach additional sheets, if necessary):		
<u>Name of Device</u>	<u>Serial Number</u>	

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I, _____, being duly sworn, deposes and says that all of the answers in the foregoing application are true.

Signature: _____ Date: _____

Notary Public

Philip A. Amicone, Mayor
Office of Municipal Code Violations Frank J. McGovern, Executive Director
Consumer Protection Bureau Kerry O'Brien, Director

Owner's Affidavit of Consent to Operate a Coin Operated Music Device

IN THE MATTER OF: _____,
(Name of Applicant)

APPLICANT FOR A LICENSE TO OPERATE A Coin Operated Music Device at:

STATE OF NEW YORK)
COUNTY OF _____) :SS

I, _____, being duly sworn depose
and say that:

_____ is the owner/lessee of the
land and improvement located at the address named above where the coin operated
music device is to be operated. The deponent individually, as such owner, or on be-
half of said corporation as its duly authorized officer and managing agent, hereby con-
sents that the applicant named above may maintain a coin operated music device, until
said consent is terminated in writing and a copy of such termination is transmitted by
certified mail, return receipt requested, to the Consumer Protection Bureau.

Deponent warrants that he or she is authorized to make this affidavit and the state-
ments and representations contained herein.

(Signature)

SWORN TO BEFORE ME THIS

_____ DAY OF _____, 200_____

NOTARY